

## **DESCRIPTION OF A HEPATITIS C TREATMENT PROGRAM CO-LOCATED AT A SYRINGE EXCHANGE PROGRAM IN NEW YORK CITY**

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### **Introduction:**

This is a description of an ongoing program in which a physician provides hepatitis C virus (HCV) treatment on site at a syringe exchange program (SEP) in New York City. Here we describe the model of care and patient characteristics and outcomes thus far.

### **Methods:**

Patients were identified through a pre-existing HCV rapid testing program at the SEP and program-funded outreach targeted at people who inject drugs (PWID) in Upper Manhattan and the Bronx, New York City. Participants first meet with a linkage specialist based at the SEP who performs a detailed barrier assessment, and then meet with the physician, who is on site weekly. There are two peer educators who provide patient education and escort. Medications and adherence support are provided on site at the SEP on a daily, weekly, or monthly basis.

### **Results:**

From December, 2015 through May, 2017, 84 patients tested HCV antibody positive and 64 were HCV RNA positive. Sixty-eight percent were male. The median age is 46, and 61% were born after 1965. Seventy-nine percent reported current injection drug use. Thirty-seven percent reported being undomiciled. Of those with available genotype (GT) data, 56% were GT1a, 10% GT1b, 6% GT2, 21% GT3, 4% GT4, and 3% indeterminate. Thirty patients have initiated treatment, all with direct acting agents; 25 have completed treatment, and 5 are on treatment. Twenty-seven percent of those who initiated treatment had F3 fibrosis or cirrhosis. Of the patients for whom data on treatment efficacy is available, 100% (16/16) achieved sustained virologic response at 12 weeks post-treatment (SVR12).

### **Conclusion:**

The early results of this program provide further evidence that, with appropriate support, PWID can successfully be treated for chronic HCV. Also, the majority of patients are younger than the CDC birth cohort, emphasizing the importance of testing outside the birth cohort.